

INSPECTION RECORD

SATELLITE ACCUMULATION AREA

Site: Greenbelt ☐
 Wallops Main Base ☐
 Wallops Island ☐

INSPECTION INFORMATION				
Location: Bldg. _____ Room _____		Date: _____		
Inspector's Signature _____		Time: _____		
HAZARDOUS WASTE CONTAINERS				
		Yes	No	N/A
Container Condition	Are any open?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are any severely rusted or leaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are any container heads bulging?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are any generating heat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are any odors noticeable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If any of these questions were marked YES, please explain: _____ _____				
Describe actions taken to correct situation: _____ _____				
Container Markings	Are the contents marked on all containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are all containers marked as Hazardous Waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If any of these questions were marked NO, please explain: _____ _____				
Describe actions taken to correct situation: _____ _____				
Container Storage	Are all ignitables away from ignition sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are incompatibles separated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the quantity of hazardous waste less than 45 gallons at Greenbelt or less than 55 gallons at Wallops?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the quantity of acute hazardous waste less than ½ quart at Greenbelt or less than 1 quart at Wallops?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If any of these questions were marked NO, please explain: _____ _____				
Describe actions taken to correct situation: _____ _____				
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Storage Conditions	Have all waste streams been analyzed for hazardous waste criteria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the area free of hazardous waste releases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the generator's SAA Inspection Record up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is secondary containment in place where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have all hazardous waste generators been trained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are SAA inspection records current and have problems been corrected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If any of these questions were marked NO, please explain: _____ _____				
Describe actions taken to correct situation: _____ _____				